Supporting the implementation of LTC+ promising practices

Overview

The purpose of this document is to provide LTC+ coaches with resources to support their teams in implementing the promising practices outlined in Reimagining Care for Older Adults. This document is informed by concepts in implementation science (see **Appendix 1**). With this in mind, we suggest the following three steps to guide your work with your teams.

- ❑ Step 1: Prioritize promising practices
- ❑ Step 2: Understand barriers and facilitators to the promising practices
- ❑ Step 3: Select strategies to support the implementation of the promising practices

This document is a work in progress. If you have suggestions, feedback, additional barriers, facilitators, or strategies, please use this link to provide them: https://forms.gle/aGaZQcwb2oMR6D8D8

Step 1: Prioritize promising practices

The four most common promising practices homes have identified wanting to focus on are:

1) IPAC protocols, education, training, compliance measures and signage are updated and implemented in the case of an outbreak **(preparation);**
2) There is a comprehensive, clear and well-communicated outbreak plan in place; there is a comprehensive, clear and well-communicated pandemic plan in place; and leadership responsibilities are clearly stated and communicated for an outbreak/pandemic response (**preparation**);
3) There are psychosocial supports for all members of the care team and they are informed about psychological health and safety (**people in the workforce**); and
4) The community-transmission risk that staff and their families face are understood and mitigated where possible (**people in the workforce**).

Step 2: Understand barriers and facilitators

We have identified common barriers and facilitators to each of the top four promising practices. The barriers and facilitators, as well as potential change strategies, are grouped according to **intervention functions**. Intervention functions describe the underlying function the change strategies used to support behaviour change should serve and are based on the identified barriers and facilitators. For example, when barriers relate to knowledge, education/training is the function. If professionals are not convinced a change is necessary, then persuasion is the function a tactic should address.

Step 3: Select strategies or tactics

Based on a brainstorming exercise with a subset of coaches, here is a list of potential strategies you can use/suggest to support the implementation of the promising practices. **The list of strategies is not exhaustive. As you discover new strategies, please share them with us, so we can add them to the list, allowing coaches to leverage each other's experiences**. As you go through these, it is important to keep in mind that the appropriateness of these strategies is dependent on context. Discuss possible strategies with teams to identify the best fit.

#1. Preparation: IPAC protocols, education, training, compliance measures and signage are updated and implemented in the case of an outbreak

Intervention function (COM-B domain)	Barriers/facilitators	Strategies
Education/Training (Capability)	Inconsistent staff training • Lack of support in teaching how to use PPE properly • Lack of understanding on how to execute COVID-19 prevention and control • All housekeeping staff are not trained Onsite support/feedback • Onsite feedback by trained IPAC professionals facilitates practices in action	Training: • Staff teaching staff • Peer-to-peer audit • Mentor and buddy system • 5-10 minute huddles at beginning of every shift • Simulation training and prototyping where possible Tools: • Create simple job aids • Create poster displays • Strategically placed training manuals • Video training accessible on all computers Champions: • Have leadership team get involved with education • Train and use champions to help with education
Environmental context (Opportunity)	Older facilities are not designed with IPAC in mind	• Explore if some families are able and resourced to safely take residents home (contingent on residents being able to keep their bed). Encourage families to understand policies within the home with respect to this action • Reduce number of resident admissions if possible • Repurpose dining and lounge areas • Employ creative staffing models • Engage patients, families and staff in co-creating solutions

#2. Preparation: There is a comprehensive, clear and well-communicated outbreak plan in place; there is a comprehensive, clear and well-communicated pandemic plan in place; and leadership responsibilities are clearly stated and communicated for an outbreak/pandemic response. **Note, this is a combination of three promising practices**.

Intervention function (COM-B domain)	Barriers/facilitators	Strategies
Persuasion (Motivation)	Staff feel disconnected • Burnout; Unsure/unclear about the plan; Feel out of the loop • Ongoing clear communication increases feelings of protection and confidence Family members feel disconnected • Unsure about the plan or what happens when there are changes in protocols	• Use SCARF model to plan communication • Encourage frequent communication with staff • Daily huddles • Increase staff meetings or rejig existing meetings to include focus on how staff are doing mentally and emotionally • Use the Resilience Alphabet to build motivation and reduce stress • Look for creative ways that can support staff to have fun while working • Use a variety of modalities to communicate with families • Create online portal for families to access to receive daily updates • Assign staff to family leads to maintain communication
Modeling (Motivation)	Having leaders on the floor increases staff confidence	• Provide leadership best practices from other LTCHs • Have board require updates from senior leadership about on the floor activities • Daily leadership rounds (i.e., going around and asking how it's going) • Remind leaders to ensure they are modelling the correct behaviour all of the time • Ensure additional scrubs are available for non-clinical leadership staff
Environmental context (Opportunity)	Confusion and logistical challenges when there is no pre-existing coordination plan with hospitals	• Use prototyping and simulation to create and test plan • Do dry runs of plan when not in a crisis • Include frontline staff in coordination planning • Ensure plan has clear roles and responsibilities identified • Assign LTC coordinator to reach out to local hospitals • Develop a list of all the key touchpoints needed with hospital and then work with hospital to identify the related staff (e.g., IPAC, purchasing, clinical, physical oversight, etc.) • Connect with homes that have already made their connections and see if their plan can be adopted/adapted

#3. People in the workforce: There are psychosocial supports for all members of the care team and they are informed about psychological health and safety

Intervention function (COM-B domain)	Barriers/facilitators	Strategies
Enablement / Persuasion (Motivation)	Staff motivation and burnout • Staff distrust • Fear of exposure • Burnout • Staff feel out of the loop • Staff feel they are not being heard	• Ensure everyone has a role • Hold morning and evening huddles to update pandemic and/or outbreak info • Use staff to run meetings • Leader rounding and 7-day a week support available by a leader • Ensure staff have a voice in change as much as possible • Leverage opportunities to incorporate joy into work • Ensure there is a plan in place to address staff burnout; recommend leaders access the CFHI LTC+ webinar on supporting staff • Encourage the use of psychological safety principles, led by leaders • Provide safe environment for staff to raise fears and vent frustration • Ensure staff have time and a way to provide feedback • Ensure staff are aware of and know how to access EAPs if available; ensure these opportunities are listed in both a physical location and online • Consider creative staff scheduling if possible
Persuasion / Environmental Context and Resources (Motivation / Opportunities)	Role clarity • Lack of role clarity • Not following roles	• Define clear roles and responsibilities; engage staff and patients/families in the process • Ensure staff have the training and resources to do their role • Ensure communication plan addresses changing information and how this affects roles and responsibilities • Examine if there are opportunities for "cross over" so that staff with different roles can help one another • Employ reliability principles (i.e., make it easy to do the right thing) • Anticipate where mutual support might be needed each day • Follow-up with individuals not able to perform their roles and investigate the root cause • Test new roles and adapt quickly with PDSA

#4. People in the workforce: The community-transmission risk that staff and their families face are understood and mitigated where possible

Intervention function (COM-B domain)	Barriers/facilitators	Strategies
Persuasion / Environmental Context and Resources (Motivation / Opportunity)	• Staff feel like the must show up to work • Need a plan in place if staff cannot work	• Clear communication and reinforcement by leadership that it is okay to stay home if ill • Clear expectations set for staff to know when they do not show up for work • Provide staff with clear steps to follow if colleagues call in sick • Ensure teams do not engage in blaming behaviour when colleagues are ill and/or not at work • Clarify which staff roles need to be present and how they will be protected at work • Identify on care plans/admission documents which families can/will help with care and whether training is required • Ensure staff have a mechanism to voice concerns without fear of reprisal • Connect with PT staff to determine who would be able/want to pick up extra shifts. Create different rotational plans that could accommodate this change as the needs in the home change
Modeling (Motivation)	Increased supervisor/IPAC educator presence facilitates best practices	• Appoint staff person to IPAC training to bring back to facility • Consider using champions to augment educator presence
Persuasion/ Incentivization (Motivation)	Universal masking not consistent or enforced	• Ensure adequate PPE availability • Model behaviour • Create a safe environment where it can be explored with staff why the rules are not adhered to
Enablement / Restriction (Opportunities)	Visiting challenges • Need clear visiting policies (and updates) • Outdoor visits a challenge in the winter • Virtual visit options	• Engage families in understanding and designing safe visit scenarios • Assign a team responsible for establishing and monitoring visitor policies • Borrow/adopt/adapt policies from other sites • Use iPads etc. for virtual visits
Education (Capability)	Families are not educated on IPAC practices	• Communicate policy changes with families • Use social media and other avenues (e.g., website, emails) to communicate with families • Ensure clear signage at entrance • Provide families with basic training before entering the facility; can reinforce this using a message board at entrance or a screening person

Appendix

Description of methods

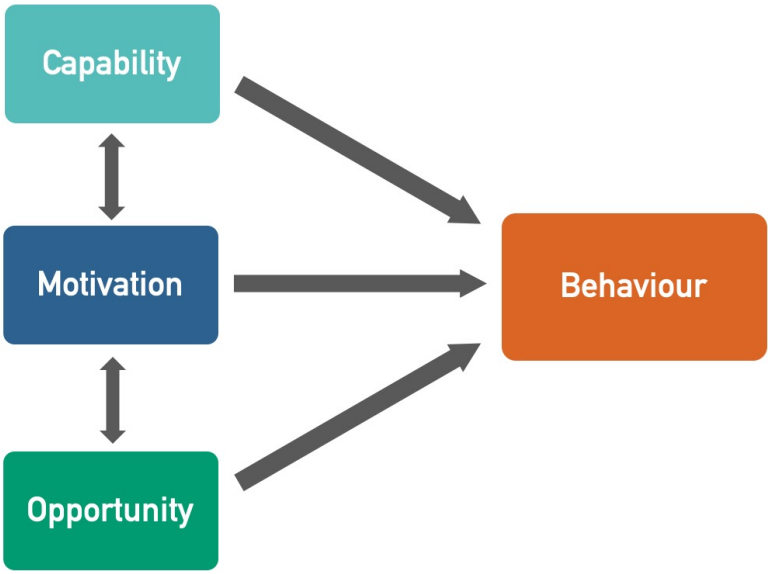
This document is a work in progress. If you have suggestions, feedback, additional barriers, facilitators, or strategies, please use this link to provide them: https://forms.gle/aGaZQcwb2oMR6D8D8

We obtained results from the self-assessment completed by participating LTC homes and based on priority ranking, identified the top 4 promising practices. We then used existing reports and grey literature (e.g., news articles) to understand barriers and facilitators to the behaviour change underlying each promising practice. Where possible, we pulled direct quotes from the literature, but in most cases, summarized barriers and facilitators thematically.

After reaching saturation, we linked barriers and facilitators to a behaviour change theory and framework, specifically the Capability-Opportunity-Motivation (COM-B) theory and the Theoretical Domains Framework (TDF). Theories, models and frameworks are used collectively to effectively carry out implementation. The purpose of linking barriers and facilitators to the COM-B and TDF was to ultimately guide the selection of tactics/strategies that could be used to support the implementation of each promising practice. We matched barriers and facilitators to strategies through intervention functions, which describe the underlying function a strategy should serve. The linking between barriers and facilitators, intervention functions and strategies is well-established and was conducted by psychologists. For each promising practice, we outline the identified barriers and facilitators, the function any related tactics/strategies should serve, and the COM-B domain.

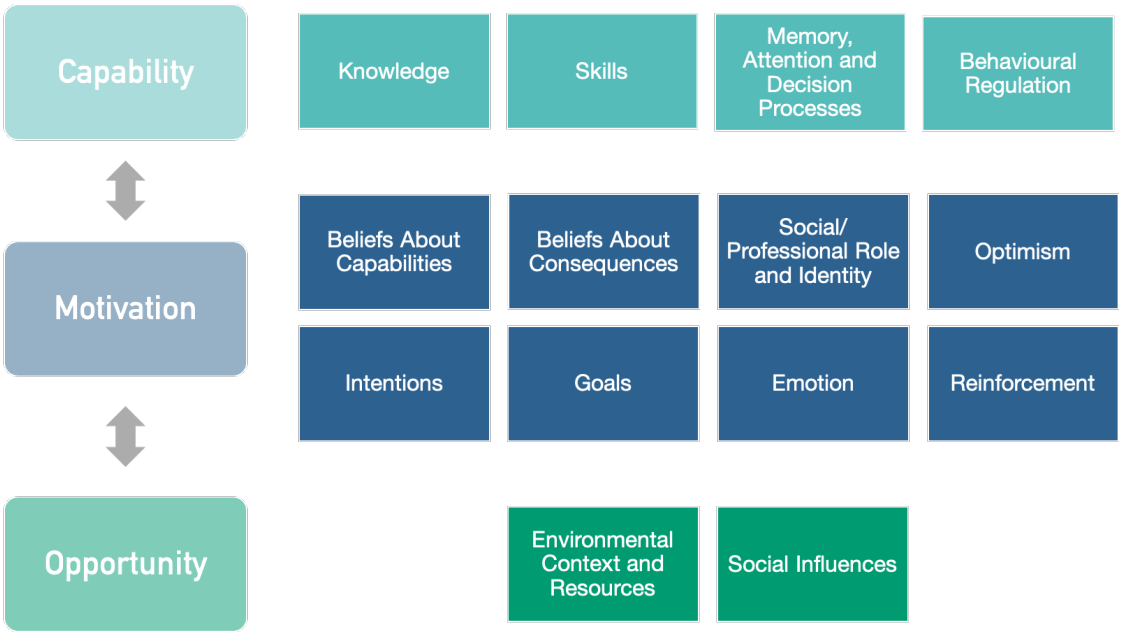
Appendix

Theory: Capability-Opportunity-Motivation-Behaviour (COM-B)



Michie S, Atkins L, West R. The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing; 2014.

Framework: Theoretical Domains Framework (TDF)



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Appendix

Intervention functions describe the underlying function a tactic/strategy would serve. Intervention functions have been linked to the COM-B and TDF.

			Intervention Functions								
		TDF Domain	Education	Training	Environmental restructuring	Enablement	Modelling	Persuasion	Incentivization	Restriction	Coercion
COM-B Domain	Capability	Knowledge	✓								
		Skills		✓							
		Memory, attention and decision processes		✓	✓	✓					
		Behavioral regulation	✓	✓		✓	✓				
	Opportunity	Environmental context and resources		✓	✓	✓				✓	
		Social influences			✓	✓	✓			✓	
	Motivation	Social/professional role and identity	✓				✓	✓			
		Beliefs about capabilities	✓			✓	✓	✓			
		Optimism	✓			✓	✓	✓			
		Intentions	✓				✓	✓	✓		✓
		Goals	✓			✓	✓	✓	✓		✓
		Beliefs about consequences	✓				✓	✓			
		Reinforcement		✓	✓				✓		✓
		Emotion				✓	✓	✓	✓		✓

**Note that change strategies with coercive functions may have unintended consequences and should be used with caution.*

Michie S, Atkins L, West R. The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing; 2014.

Appendix

A description of each intervention function is provided below.

Intervention Function	Definition	COM-B Domain	Examples
Education & training	Increase knowledge, understanding or skills	Capability Opportunity Motivation	Offering professional development training to keep up to date with new practices; creating educational resources to promote knowledge about prevention protection equipment
Environmental restructuring	Change the physical or social context	Capability Opportunity Motivation	Providing on-screen prompts for clinicians to use for intake process; placing ABHR at the point of care
Incentivization	Creating expectation of reward	Motivation	Offering a prize to encourage staff to adopt hand-washing practices
Persuasion	Using communication to induce positive or negative feelings or stimulate action	Motivation	Using personal stories to increase healthy practices among patients; having champions use persuasive language to address emotional barriers to change
Modeling	Providing an example for people to aspire to imitate	Capability Opportunity Motivation	Observing clinicians in using iPads for virtual visitations
Enablement	Increasing means/reducing barriers to increase capability or opportunity	Capability Opportunity Motivation	Building a network to facilitate the transfer of information; changing the allocation of funds; involving executive boards to prioritize a change; providing staff social support
Restriction	Using rules to reduce the opportunity to engage in target behaviors (or to increase target behaviors by reducing opportunities to engage in competing behaviors)	Opportunity	Policies that restrict in-person visitation to minimize spread of COVID-19

Michie S, Atkins L, West R. The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing; 2014.